



STATE OF CONNECTICUT
OFFICE OF HEALTH CARE ACCESS

M. JODI RELL
GOVERNOR

CRISTINE A. VOGEL
COMMISSIONER

February 3, 2006

Ginger Betti
Director, Business Services
Northwest Center for Family Service and Mental Health, Inc.
315 Main Street
P.O.Box 153
Lakeville, CT 06039

RE: Certificate of Need Determination; Report Number 05-30600-EXM
Northwest Center for Family Service and Mental Health, Inc.
CON Exemption Pursuant to Section 19a-639b, C.G.S.
Establish Psychiatric Outpatient Clinic for Adults in New Milford

Dear Ms. Betti:

The Office of Health Care Access ("OHCA") is in receipt of your request for exemption from the Certificate of Need ("CON") process, pursuant to Section 19a-639b of the Connecticut General Statutes ("C.G.S."), for the establishment of a psychiatric outpatient clinic for adults at 35 Park Lane Road, in New Milford.

Upon review of the information contained in the request, OHCA finds the following:

1. Northwest Center for Family Service and Mental Health, Inc. ("NCFSMH") is a non-profit facility that provides adult outpatient mental health services at various locations in Connecticut.
2. NCFSMH is proposing to obtain a psychiatric outpatient license at 35 Park Lane Road, New Milford.
3. The Department of Mental Health and Addiction Services ("DMHAS"), in a letter dated January 23, 2006, from Deputy Commissioner Peter B. Rockholz, M.S.S.W, recommends an exemption under CGS Section 19a-639b for Northwest Center for Family Service and Mental Health, Inc. to provide outpatient psychiatric services for adults.

4. DMHAS states that NCFSMH proposes to serve 150 unduplicated adults clients annually in southern Litchfield County and towns surrounding New Milford.
5. The total capital expenditure associated with the proposal is \$20,000.

Based on the above findings, OHCA has determined that the establishment of a psychiatric outpatient clinic for adults at 35 Park Lane Road, in New Milford meets the exemption requirements of Section 19a-639b of the Connecticut General Statutes and, therefore, is exempt from OHCA's CON process. Termination of these services would require CON approval, pursuant to Section 19a-638, C.G.S.

Thank you for providing information to OHCA regarding this proposal. If you have any questions concerning this letter, please contact Paolo Fiducia, Associate Health Care Analyst, Certification, Financial Analysis and Forecasting, at (860) 418-7001.

Sincerely,

Signed by Cristine A. Vogel
Commissioner

C: Honorable Thomas A. Kirk, Jr., Ph.D., Commissioner, DMHAS
Sandra Bauer, Health Processing Technician, DPH, DCBR
Al Bidorini, Director, OPAS, DMHAS
Donna C. Stimpson, Planning Specialist, DMHAS

CAV:pf